

School District: _____

County: _____ Tax Year: _____

The Board of Education for the above school district has set the current year's tax rates as follows:

Purpose of Tax Rate <small>(code from Utah Code Annotated)</small>	Certified Tax Rate	Proposed Tax Rate	Maximum By Law	Budgeted Revenue
	(Report 713 line 10 or 713B col. 5)	(Report 694 line 7 or 694B col. 3)		(Report 694 line 1 or 694B col. 2)
Basic State Levy (210*) §53A-17a-135	_____	_____	Calculated	_____
Voted Leeway (510) §53A-17a-133 Rate limit: _____ Date of election: _____	_____	_____	Voted	_____
Board App Leeway §53A-17a-134 Rate limit: _____ (515) Date of election: _____	_____	_____	.000400	_____
Board App K-3 Reading Program §53A-17a-151 Rate limit: _____ (516) Date of election: _____	_____	_____	.000121	_____
Voted Capital Leeway §53A-16-110 Rate limit: _____ (500) Date of election: _____ Date of expiration: _____	_____	_____	Less than 0.2% of Taxable Value	_____
Transportation (220) §53A-17a-127	_____	_____	.000300	_____
Recreation Facilities (090) §11-2-7	_____	_____	Sufficient	_____
Tort Liability (050) §63-30-27	_____	_____	.000100	_____
10% Additional §53A-17a-145 Other (521) Debt (Non-G.O.) (520)	_____	_____	Calculated	_____
Judgement Recovery (190) §59-2-1328 & 1330	_____	_____	Sufficient	_____
Subtotal Tax Rate	_____	_____	_____	_____
.000600 Capital Outlay (240) §53A-16-107	_____	_____	.000600	_____
Remaining Capital Outlay (240) §53A-16-107	_____	_____	.001800	_____
2nd Subtotal Tax Rate	_____	_____	_____	_____
General Obligation Debt (230) §51-5-4	_____	_____	Sufficient	_____
Total Tax Rate	_____	_____	Total Revenue	_____

Certification by Taxing Entity

I, _____, as authorized agent, hereby certify that this statement is true and correct and in compliance with all sections of the Utah State Code relating to the tax rate setting process.

Signature: _____ Date: _____

Title: _____ Telephone: _____

Mailing address: _____

Note: This report must be filed with the county auditor before June 22nd.

Certification by County Auditor

I have examined the information submitted on this statement and have found it to be true and correct.

Signature: _____ Date: _____

Note: County auditors must forward one copy of this report to the State Tax Commission on or before June 22nd.

* These numbers refer to the budget types used by the State Tax Commission.